

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CA</i>		<i>8-15</i>
O.I.P.E. CLASSIFIER			<i>8/17/00</i>
FORMALITY REVIEW	<i>MA</i>	<i>549</i>	<i>9.14.00</i>
RESPONSE FORMALITY REVIEW	<i>NH</i>	<i>617</i>	<i>10-24-00</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
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41	✓
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46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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